

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

NELSON JACQUEZ B+C#141-15-06366

NYSID#680382 IN

**17CV192**

No. \_\_\_\_\_

Write the full name of each plaintiff.

(To be filled out by Clerk's Office)

-against-

**COMPLAINT**

(Prisoner)

DEPARTMENT of CORRECTIONS (A.N.K.C)

18-18 HADEN ST. E. ELMHURST, N.Y 11370

ADMINISTRATION / STAFF of A.N.K.C

ADMINISTRATION / STAFF of G.R.V.C

Do you want a jury trial?

☒ Yes ☐ No

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.



**NOTICE**

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

**I. LEGAL BASIS FOR CLAIM**

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☐ Other: \_\_\_\_\_

**II. PLAINTIFF INFORMATION**

Each plaintiff must provide the following information. Attach additional pages if necessary.

NELSON

First Name

A

Middle Initial

JACQUEZ

Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

B+C# 141-15-06366 NYSID#6803821N

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

O.B.C.C

Current Place of Detention

1600 HAZEN ST. E. ELTHURST, N.Y. 11370

Institutional Address

QUEENS

County, City

N.Y.

State

11370

Zip Code

**III. PRISONER STATUS**

Indicate below whether you are a prisoner or other confined person:

☒ Pretrial detainee

☐ Civilly committed detainee

☐ Immigration detainee

☐ Convicted and sentenced prisoner

☐ Other: \_\_\_\_\_

## IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1: C/O FREDERICKS 13959  
 First Name Last Name Shield #  
CORRECTIONS OFFICER  
 Current Job Title (or other identifying information)  
18-18 HAZEN ST. E. ELTHURST  
 Current Work Address  
QUEENS N.Y. 11370  
 County, City State Zip Code

Defendant 2: CAPT Tuccio 1113  
 First Name Last Name Shield #  
CAPTAIN  
 Current Job Title (or other identifying information)  
18-18 HAZEN ST E. ELTHURST  
 Current Work Address  
QUEENS N.Y. 11370  
 County, City State Zip Code

Defendant 3: CAPT TRAHAN 1058  
 First Name Last Name Shield #  
CAPTAIN  
 Current Job Title (or other identifying information)  
18-18 HAZEN ST. E. ELTHURST  
 Current Work Address  
QUEENS N.Y. 11370  
 County, City State Zip Code

Defendant 4: CAPT BR WILLIAMS  
 First Name Last Name Shield #  
CAPTAIN  
 Current Job Title (or other identifying information)  
18-18 HAZEN ST. E. ELTHURST, N.Y.  
 Current Work Address  
QUEENS N.Y. 11370  
 County, City State Zip Code

SEE ATTACHED FORM.

**INJURIES:**

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

CRUEL & UNUSUAL PUNISHMENT, MENTAL ANGUISH  
violation of my constitutional rights, MENTAL Distress

**VI. RELIEF**

State briefly what money damages or other relief you want the court to order.

\$ 500,000.00

**VII. PLAINTIFF'S CERTIFICATION AND WARNINGS**

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

7/18/16  
 Dated  
 NELSON A JACQUEZ  
 First Name Middle Initial Last Name  
 O.B.C.C. 1600 HAZEN ST. E. ELTHURST, N.Y.  
 Prison Address  
 QUEENS N.Y. 11370  
 County, City State Zip Code

Date on which I am delivering this complaint to prison authorities for mailing:

8/2/16

CORRECTION OFFICER SANCHEZ

GRVC 09-09 HAZEN ST. E. ELMHURST, N.Y. 11370.

C/O MARIANO - GRVC 09-09 HAZEN ST. E. ELMHURST N.Y. 11370

C/O GRAHAM - GRVC - 09-09 HAZEN ST. E. ELMHURST N.Y. 11370

C/O HERNANDEZ - GRVC - 09-09 HAZEN ST. E. ELMHURST N.Y. 11370

C/O LYNCH - GRVC - 09-09 HAZEN ST. E. ELMHURST N.Y. 11370

C/O JOHN - GRVC - 09-09 HAZEN ST. E. ELMHURST. N.Y. 11370

CAPT. TAYLOR - GRVC - 09-09 HAZEN ST. E. ELMHURST. N.Y. 11370

CAPT HARVEY - GRVC - 09-09 HAZEN ST. E. ELMHURST. N.Y. 11370

ADW CROSBY - GRVC - 09-09 HAZEN ST. E. ELMHURST. N.Y. 11370

ADW DAVIS - GRVC - 09-09 HAZEN ST. E. ELMHURST. N.Y. 11370

ADW BLACKMON - GRVC - 09-09 HAZEN ST. E. ELMHURST. N.Y. 11370

CAPT. RIVERA - GRVC - 09-09 HAZEN ST. E. ELMHURST. N.Y. 11370



**SING SING CORRECTIONAL FACILITY**

354 HUNTER STREET  
OSSINING, NEW YORK 10562

NAME: Nelson Jacobz DIN: 16A4334



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DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION  
OFFENDER CORRESPONDENCE PROGRAM  
NAME: Nelson Jacobz DIN: 16A4334